| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number  (0) 9/033   |  |   |                  |                  |                              |                  |              |                        |                        |         |                               |                        |  |
|---|--|---|------------------|------------------|------------------------------|------------------|--------------|------------------------|------------------------|---------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                  |                  |                              |                  |              | SMALL ENTITY TYPE      |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 20               |                  |                              |                  | RA           | ΤE                     | FEE                    | 1       | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED     |                  | NUMBER EXTRA                 |                  | BASI         | BASIC FEE              |                        | OR      | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20 minus 20=     |                  |                              |                  | X\$          | X\$ 9=                 |                        | OR      | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =      |                  |                              |                  | X42=         |                        |                        | OR      | X84=                          |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT           |                  |                              |                  | +140=        |                        |                        | OR      | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                  |                  |                              |                  |              | TOTAL                  |                        | OR      | TOTAL                         | 740                    |  |
| / /a/, CLAIMS AS AMENDED - PART II  |  |   |                  |                  |                              |                  |              |                        | <u> </u>               |         | OTHER                         | · ·                    |  |
| _   | 014100   | (Column 1)                                |                  |                  |                              | (Column 3)       | SMALL ENTITY |                        |                        | OR      | SMALL                         | ENTITY                 |  |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI     | BER<br>OUSLY                 | PRESENT          | RATE         | ADDI-<br>TIONAL<br>FEE |                        | PATE    | ADDI-<br>TIONAL<br>FEE        |                        |  |
|   | Total  | . 17                                      | Minus            | -2               | 0                            | = //             | X\$          | 9=                     |                        | OR      | X\$18=                        |                        |  |
|   | Independent                                    | . 3                                       | Minus            | <u> </u>         | 3                            | ='4              | X4           | 2=                     |                        | OR      | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                  |                              |                  | +14          | 0=                     |                        | OR      | +280=                         |                        |  |
| BEST AVAILABLE COPY   |  |   |                  |                  |                              |                  | TO ADDIT     | OTAL                   |                        |         | TOTAL<br>ADDIT. FEE           |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                  |                  |                              |                  |              |                        |                        |         | ADDII. FEE                    |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | PREVI            | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA           | TE                     | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **               |                              | =                | X\$          | 9=                     |                        | OR      | X\$18=                        | ·                      |  |
|   | Independent                                    | *   | Minus            | <del>trant</del> |                              | 2                | X4           | 2=                     |                        | OR      | X84=                          |                        |  |
| L   | FIRST PRESE                                    | NTATION OF MU                             | ULTIPLE DEP      | ENDEN            | T CLAIM                      |                  | +14          |                        |                        | OR      | +280=                         |                        |  |
| TOTAL ADDIT. FEE  |  |   |                  |                  |                              |                  |              |                        |                        | OR      | ADDIT. FEE                    |                        |  |
| _   |  | (Column 1)                                |                  |                  | mn 2)                        | (Column 3)       |              |                        |                        |         | <i></i>                       |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVI     | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA | RA           | TE                     | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus            | **               |                              | =                | X\$          | 9=                     |                        | ОЯ      | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus            | ***              |                              | =                | X4:          | 2=                     |                        | OR      | X84=                          |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                  |                              |                  |              | 0=                     |                        | OR      | +280=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                  |                  |                              |                  |              |                        |                        | OR      | TOTAL                         |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                  |                              |                  |              |                        |                        |         |                               |                        |  |
|   | ine Highest Nun                                | nder Previously Pa                        | io Por (10tal of | inaepeni         | ieni) is th                  | e mgnest number  | NI DINUG     | na st                  | ihrohisee 00:          | A HI CO |                               | <i>;</i>               |  |